PRINTED: 08/13/2009 FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
NVS5425PCA		NVS5425PCA		B. WING		05/06/2009	
NAME OF PROVIDER OR SUPPLIER ADVANCED HOME HEALTH CARE			2860 E FLA	STREET ADDRESS, CITY, STATE, ZIP CODE 2860 E FLAMINGO RD #C LAS VEGAS, NV 89121			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUI REGULATORY OR LSC IDENTIFYING INFORMATION			ID PREFIX TAG			(X5) COMPLETE DATE
P 000 Initial Comments				P 000			
	This Statement of Deficiencies was generated as a result of the initial State Licensure survey conducted in your facility on May 6, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.						
	These findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The agency had applied for a license as a Personal Care Aide Agency which provides in-home personal care services to elderly and disabled persons.						
	The census was 187 clients. Thirty clients charts were reviewed.						
	Twenty-five employees files were reviewed. There were no complaints investigated. The following deficiencies were identified:						
P 230	P 230 Section 16.1(a-i) Personnel File			P 230			
	kept for each attenda must include, without (a) The name, addre the attendant; (b) The date on which working for the agent	t limitation: ss and telephone numb h the attendant began	er of				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 08/13/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5425PCA 05/06/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2860 E FLAMINGO RD #C **ADVANCED HOME HEALTH CARE** LAS VEGAS, NV 89121 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 230 Continued From page 1 P 230 tests or obtained the certificates required by NAC 441A.375: (d) Evidence that the references supplied by the attendant were checked by the agency: (e) Evidence of compliance with NRS 449.179 by the administrator of the agency or the person licensed to operate the agency with respect to the attendant: (f) Proof that, within 6 months after the attendant began working for the agency, the attendant obtained a certificate in first aid and cardiopulmonary resuscitation issued by the American National Red Cross or an equivalent certificate approved by the Health Division; (g) Proof that the attendant is at least 18 years of age: (h) Proof of possession by the attendant of at least the minimum liability insurance coverage required by state law if the attendant will be providing transportation to a client in a motor vehicle; and (i) Documentation of all training attended by and performance evaluations of the attendant. This STANDARD is not met as evidenced by: Based on record review, the agency failed to have documentation of the testing required by NAC 441A.375 for 2 of 25 attendants. The agency failed to have compliance with NRS449.179 for 4 of 25 employees.

Findings include:

Twenty-five employee files were reviewed. Employees #11 and #22 did not have

documentation of a positive TB test required prior to documentation of a chest X-ray. Employees

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This STANDARD is not met as evidenced by: Based on record review, the agency did not ensure 1 of 25 employee files had documentation that the attendants understood this chapter and chapter 449 of NRS, obtained a working knowledge of the provisions or were provided a copy of the regulations.

licensing of agencies before providing personal care services to the clients of the agency. The agency must provide a copy of those provisions to an attendant before the attendant may provide personal care services to the clients of the

Findings include:

agency.

Twenty-five files were reviewed. The files for Employee #25 did not have documentation that the attendant understood this chapter and chapter 449 of NRS, obtained a working knowledge of the provisions or was provided a copy of the regulations.